STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055008	A. BUILDING: **01** B. WING _____	**07/21/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEXFORD HOUSE	**3900 WEXFORD LANE DENVER, NC 28037**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller on July 21, 2016. Records indicate this facility was first licensed on June 10, 1998 as a Home for the aged. The facility is currently licensed for 60 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1996 (1998 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Deficiencies were noted which require a Plan of Correction.	C 000		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on July 21, 2016: a. Conference Room - the wall paper in spots was coming off.	C 164		

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C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect all residents, staff and visitors by exposing them to an unpleasant environment. Findings on July 21, 2016: a. Bedroom 105 - the room smelled of urine. 2. Based on Observation, the facility failed to maintain the building in an uncluttered, clean and orderly manner, free of all obstructions and hazards This could affect all residents, staff and visitors if in a fire the dampers do not close completely and in a timely manner to contain the fire and smoke within the room of origin. Findings on July 21, 2016: a. Hopper Room - the HVAC return grille and their radiation dampers had an excessive accumulation of dust/lint.	C 166		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and	C 189		

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C 189	Continued From page 2 operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained in a safe condition. This could affect residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on July 21, 2016: a. BOM Office - the corridor door had a wedge holding the door open, preventing the rapidly release of the door with a push or pull of the door, to close and latch b. Dietary Office - the HVAC grilles penetrating the fire-resistant-rated ceiling assembly did not have radiation damper, allowing the spread of fire and smoke. c. Bedroom 2145 - the corridor door had a block of wood holding the door open, preventing the rapidly release of the door with a push or pull of the door, to close and latch. Deficiency corrected before Construction Surveyors departed Site. d. Housekeeping - the ¾ hour fire-rated door was missing its closure. e. Sprinkler Riser Room - the gypsum walls near the boiler, were not taped and mudded, a requirement to be a fire-resistance-rated wall assembly, allowing the spread of fire and smoke. 2. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on July 21, 2016: a. Activity Room - the fire sprinkler escutcheon plate was missing, exposing openings through	C 189		

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C 189	Continued From page 3 the fire-resistance-rated ceiling, allowing the spread of fire and smoke. 3. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documentation required to ensure a properly working system. This could affect residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on July 21, 2016: a. Kitchen -Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in May 2016, there has been no record keeping of the monthly inspections.	C 189		